

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/762,319 (Patent No. 6,561,716)</td> </tr> <tr> <td>Filing Date</td> <td>February 6, 2001 (Issued: May 18, 2003)</td> </tr> <tr> <td>First Named Inventor</td> <td>Yoshihiro Suzuki et al.</td> </tr> <tr> <td>Title</td> <td>UNIVERSAL JOINT DEVICE AND METHOD OF MANUFACTURING THE DEVICE</td> </tr> <tr> <td>Art Unit</td> <td>3671</td> </tr> <tr> <td>Examiner Name</td> <td>Robert E. Pezzuto</td> </tr> <tr> <td>Attorney Docket No.</td> <td>03367/0211932-US0</td> </tr> </table>	Application Number	09/762,319 (Patent No. 6,561,716)	Filing Date	February 6, 2001 (Issued: May 18, 2003)	First Named Inventor	Yoshihiro Suzuki et al.	Title	UNIVERSAL JOINT DEVICE AND METHOD OF MANUFACTURING THE DEVICE	Art Unit	3671	Examiner Name	Robert E. Pezzuto	Attorney Docket No.	03367/0211932-US0
Application Number	09/762,319 (Patent No. 6,561,716)														
Filing Date	February 6, 2001 (Issued: May 18, 2003)														
First Named Inventor	Yoshihiro Suzuki et al.														
Title	UNIVERSAL JOINT DEVICE AND METHOD OF MANUFACTURING THE DEVICE														
Art Unit	3671														
Examiner Name	Robert E. Pezzuto														
Attorney Docket No.	03367/0211932-US0														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
 OR  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
 

76808

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
 

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.  
 OR  
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City	State	Zip	
Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.  
 OR  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

SIGNATURE of Applicant or Assignee of Record			
Signature	<i>K. Ishikawa</i>	Date	Nov. 11, 2010
Name	Kozo ISHIKAWA	Telephone	81-3-3623-0319
Title and Company	Kabushiki Kaisha Somic Ishikawa, President		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.